Regis Wynnum

Performance Report

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**Commission ID:** 5332

**Provider name:** Regis Group Pty Ltd

**Assessment Contact - Site date:** 19 June 2020

**Date of Performance Report:** 14 July 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 10 July 2020.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all Requirements in Standard 3 and therefore a summary and overall compliance rating for the Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team recommended this Requirement as not met, following a review of the response provided by the Approved provider in relation to the information gathered by the Assessment Team, I have come to a different conclusion and have found the Requirement compliant. My decision is that the Approved provider ensures each consumer gets safe and effective clinical care including the use of restraints and wound care delivery.

The Assessment Team were informed by a consumer’s representative information was not provided in relation to the risk involved with the use of a physical restraint at the time of consent, and concern was raised relating to the effects of chemical restraint for one consumer. While the Approved provider has refuted this information, this feedback was provided to the Assessment Team during the Assessment contact.

The Approved provider has provided evidence including discussions held with the consumer’s representative following the Assessment contact, restraint authorisations, education records, medical officer notes and clinical assessments. I acknowledge progress notes indicate communication and authorisation for the use of physical restraint occurred with the representative and restraint authorisation documentation supports the risk of the use of the physical restraint was discussed with the representative, this is not in accordance with feedback provided to the Assessment Team.

In relation to the use of chemical restraint for the named consumer, through review of documentation provided in the Approved provider’s response, including medication charting, I note that progress notes do not consistently evidence that alternative strategies have been trialled for the named consumer prior to the administration of as required psychotropic medication. While I acknowledge the Medical officer has prescribed the medication to be given as the consumer’s behaviour may escalate, progress note entries do demonstrate alternative measures when trialled for the consumer are at times successful.

The Assessment Team provided information received by a named consumer’s representative that they were unaware of the risks involved when consenting to the use of physical restraint. While the Approved provider has rejected the information gathered by the Assessment Team and provided a restraint authorisation form to demonstrate the risks of the physical restraint, this feedback was provided to the Assessment Team during the Assessment contact.

The Assessment Team provided information received through an interview with a named consumer’s representative that they were unaware of the risks associated with the chemical restraint prescribed for their representative. The Approved provider in its response including restraint authorisation forms and care plan consultation records to indicate the risks had been explained to the representative prior to the consent of the chemical restraint. While the Approved provider has refuted the information provided by the Assessment Team, this feedback was provided to the Assessment Team during the Assessment contact.

The Assessment Team noted that for a consumer authorised multiple types of restraint, consent for all types of restraint had not been provided. The Approved provider has acknowledged for the named consumer chemical restraint usage was not required due to the consumer’s diagnosis but remained documented on current restraint documentation. This deficiency has been corrected by the Approved provider.

The Assessment Team identified care planning directives for consumers requiring chemical restraint, this was not included in behavioural management care planning directives. Alternatively, in restraint care planning documentation, the directive for chemical restraint to be utilised as a last resort following the trial of alternate strategies. The Approved provider has acknowledged there may be deficiencies in care planning directives in relation to the use of chemical restraint, and has stated registered staff confirm this has not led to consumers receiving chemical restraint in the absence of alternative strategies trialled prior to the administration of chemical restraint. The Approved provider has reviewed care planning directives for consumers receiving or authorised for chemical restraint to include directives for alternate strategies to be trialled prior to the administration of chemical restraint.

The Assessment Team identified monitoring processes do not support the application and release of physical restraints. The Approved provider has acknowledged this documentation deficiency and has provided education for staff and has committed to ongoing monitoring of consumers requiring physical restraint. I note there is no evidence to support consumers have acquired pressure injuries or injuries while being physically restrained.

The Assessment Team identified deficiencies in the recording or alternate strategies trialled in progress notes for consumers prior to the administration of chemical restraint. The Approved provider has acknowledged this documentation deficiency, and has stated registered staff confirm this has not led to consumers receiving chemical restraint in the absence of alternative strategies trialled prior to the administration of chemical restraint. Education has been provided to registered staff and auditing processes will review the effectiveness of this education.

The Assessment Team identified for two named consumers, wound management documentation did not support monitoring processes had been completed consistently and had not included wound measurements. The Approved provider has not refuted the documentation deficiencies identified by the Assessment Team in relation to the named consumers. The Approved provider has noted both wounds are healing well.

In coming to a decision regarding compliance to this Requirement, I note the Assessment Team’s findings relate to deficiencies in documentation or feedback received from consumer representatives, there is no evidence to support consumers are not receiving safe and effective personal and clinical care. The Approved provider has acknowledged the documentation deficits identified by the Assessment Team and has committed to actions to rectify the deficiencies.

I find this requirement compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.